SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) **CLAIMS** AFTER AFTER **AS FILED** 1st AMENDMENT 2nd AMENDMENT iND. DEP. DEP. DEP. IND. DEP. DEP. IND. DEP. Э ô0 65 TOTAL TOTAL IND. IND. TOTAL DEP. TOTAL DEP. TOTAL CLAIMS TOTAL CLAIMS * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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